HEALTH & DENTAL - GUARANTEED ISSUE PLANS

Available to individuals who left their employment within the past 60 days (90 days for Link Plan)

and want their existing medication covered.

We believe the Link Plan 4 represents the best value for one's premium dollar.

PlanDirect – Premier (Great West Life)	,		FollowMe Health - Premier (Manulife)	
Prescription Drugs: 90% coinsurance to a maximum of \$2,300 per person per calendar year – Drug Card included	Prescription Drugs: 80% coinsurance to a maximum of \$2,300 in Yr 1, \$2,400 in Yr 2 and \$2,500 in Yr 3, \$2,700 Yr 4+	Prescription Drugs: 80% coinsurance to a maximum of \$2,000 per anniversary year. (excl. birth control drugs) Prescription Drugs: 80% coinsurance to a maximum of \$2,500 per anniversary year. (excl. birth control drugs)		
Private Hospital: Covered at 100%	Semi-Private Hospital: \$250 per day maximum per person up to 30 days per year.	Semi-Private Hospital: 85% coinsurance and up to \$200 per day \$5,000 yearly maximum	Semi-Private or Private Hospital: Reimbursement – 100% first 100 days-Max \$200/day; 60% next 90 days- Max \$120/day	
Ambulance Services: Air and ground covered at 100%	Ambulance Services: Air and ground covered at 100%	Ambulance Services: Unlimited ground and \$5,000 maximum per incident for air ambulance		
Private Duty Nursing: In-Home provided up to \$4,000 for 1 year per condition Nursing Home Care: \$50 / day for 30 days	, ,		Private Duty Nursing: Included in Medical Supplies below	
Medical Supplies, Aids & Appliances:	Medical Supplies, Aids & Appliances:	Medical Supplies, Aids & Appliances:	Medical Supplies, Aids & Appliances:	
100% coinsurance but many items are subject to inside limits. Call for details. Orthotics & Orthopedic Shoes: \$500 per person per calendar year	i.e. myo-electric prostheses and standard external prostheses, braces for legs, arms, neck or back; hospital beds, crutches, patient lifts, manual wheelchairs, walkers and more to \$5,000 per year Orthotics: \$250 per person every 2 years	Durable medical equipment: \$5,000 per benefit year Wheelchair: \$4,000 lifetime max – some restrictions Hospital Beds: \$1,500 lifetime Other supplies have inside limits and an overall max per year of \$5,000. Call for details. Orthotics & Orthopedic Shoes: \$200 per person per benefit year	Prosthetic appliances and durable medical equipment EACH have a \$3,500 anniversary year limit. Orthotics: \$250 maximum which is part of the durable medical equipment.	
Dental Accidents: Covered at 100%	Dental Accidents: Covered at 100% - up to \$10,000 per year	Dental Accidents: \$5,000 lifetime maximum	Dental Accidents: \$10,000 maximum per anniversary year	
Paramedical Practitioners: Chiropractor, Podiatrist, Osteopath, Massage Therapist and Naturopaths up to \$400 each per calendar year. Physiotherapist up to \$400 per calendar year Psychologist and Social Workers up to \$400 each per calendar year. Speech Therapist: up to \$400 per calendar year	Paramedical Practitioners: Chiropractor, Chiropodist, Physiotherapist, Podiatrist, Osteopath, and Naturopaths up to \$600 per person per practitioner. \$1,200 per year combined for all. Massage Therapist & Acupuncturist: \$30 per visit; 20 visits per year. Speech Therapist at \$600 per year Psychologist, Registered Social Worker - \$600 per year combined.	Paramedical Practitioners: Chiropractor, Chiropodist, Physiotherapist, Podiatrist, Speech Therapists, Osteopath, and Naturopaths up to \$300 per person per practitioner; \$650 maximum for all practitioners combined. Psychologists: \$60 max per visit to a maximum of 10 visits.	Paramedical Practitioners: Acupuncturists, Chiropractor, Chiropodist, Physiotherapist, Podiatrist, Osteopath, Naturopath, Speech Therapist and Massage Therapists up to \$650 maximum per anniversary year combined. Psychologists: \$80 max for 1 st visit, \$65 max for subsequent visits to a 12 visit maximum. Speech Therapist: \$65 max for 1 st visit, \$45 max for subsequent visits to a 12 visit maximum.	

ye Examinations: 30 max for Optometrist visits every 2 years earing Aids:	Eye Examinations: (combined with Vision) \$50 max for Optometrist visits every 2 years.	Eye Examinations:	
earing Aids:	to make or optomotilot notice of or judicion	\$60 max for Optometrist visits every 2 years.	
600 every 4 yrs	Hearing Aids: \$500 every 5 benefit years	Hearing Aids: \$600 every 4 benefit years.	
mergency Travel: 15,000,000 per person annually 15 day maximum stay per trip 16 o maximum age limit restriction 17 cental Care: Basic Services 18 reimbursement up to \$1,000 In year 1; \$1,250 in par 2 and \$1,750 in year 3+ 18 ecall visits once every 6 months	Emergency Travel: \$1,000,000 lifetime benefit per person 60 days maximum stay per trip NOTE: 9 month pre-existing condition limitation Coverage terminates at age 80 Dental Care: Diagnostics & Preventative 80% up to \$750 per person in first benefit year and \$1,000 in subsequent years. (oral examination, oral hygiene instructions, fluoride treatment, scaling and polishing) Recall visits once every 9 months OPTIONAL BENEFIT	Emergency Travel**: \$5,000,000 per person per trip - \$200 deductible 30 days maximum stay per trip NOTE: 9 month pre-existing condition limitation Must apply by age 69 - coverage terminates at age 80 Dental Care: Basic Services 80% reimbursement up to \$800 ln year 1; \$1,000 in year 2 and \$1,500 in year 3+ Includes endodontics, periodontics & oral surgery Recall visits once every 6 months	
rental Care: Basic Level 2 0% for endodontics, periodontics (including 8 units of caling every 12 months), denture repairs, relining and chasing. rental Care: Major Restorative + Ortho	Dental Care: Basic Level 2 50% coinsurance for basic procedures (filling, removal of teeth, oral surgery, minor restoration, endodontics and periodontics) Dental Care: Major Restorative @ 50%	Dental Care: Basic Level 2 INCLUDED IN BASIC SERVICES Dental Care: Major Restorative + Ortho	
ent ent om eent eeca	200,000 per person annually by maximum stay per trip aximum age limit restriction tal Care: Basic Services reimbursement up to \$1,000 ln year 1; \$1,250 in 2 and \$1,750 in year 3+ Il visits once every 6 months tal Care: Basic Level 2 for endodontics, periodontics (including 8 units of g every 12 months), denture repairs, relining and ing.	\$1,000,000 lifetime benefit per person 60 days maximum stay per trip NOTE: 9 month pre-existing condition limitation Coverage terminates at age 80 Lal Care: Basic Services reimbursement up to \$1,000 ln year 1; \$1,250 in 2 and \$1,750 in year 3+ Il visits once every 6 months Lal Care: Basic Level 2 for endodontics, periodontics (including 8 units of ge every 12 months), denture repairs, relining and sing. Lal Care: Major Restorative + Ortho reimbursement in year 3 up to \$1,750 combined \$1,000,000 lifetime benefit per person 60 days maximum stay per trip NOTE: 9 month pre-existing condition limitation Coverage terminates at age 80 Dental Care: Diagnostics & Preventative 80% up to \$750 per person in first benefit year and \$1,000 in subsequent years. (oral examination, oral hygiene instructions, fluoride treatment, scaling and polishing) Recall visits once every 9 months OPTIONAL BENEFIT Dental Care: Basic Level 2 50% coinsurance for basic procedures (filling, removal of teeth, oral surgery, minor restoration, endodontics and periodontics) Lal Care: Major Restorative \(\Phi \) O50% 1 year waiting period, incl. crowns, onlays, dentures,	

lonthly "Guaranteed Acceptance" Rates		Monthly Rates		Monthly Rates		Monthly Rates	
Age 18 - 49:	\$298.51 Single	Age 18 - 44:	\$218.00 Single	Age 30 - 44:	\$197.95 Single	Age < 45:	\$196.00 Single
Age 50 - 54:	\$286.46 Single	Age 45 - 54:	\$256.00 Single	Age 45 - 54:	\$228.77 Single	Age 45 - 54:	\$233.60 Single
Age 55 - 59:	\$295.67 Single	Age 55 - 64:	\$279.00 Single	Age 55 - 59:	\$243.90 Single	Age 55 - 59:	\$240.10 Single
Age 60 - 64:	\$305.12 Single	Age 65 - ++:	\$245.00 Single	Age 60 - 64:	\$261.58 Single	Age 60 -64:	\$252.00 Single
Age 65 - 69: \$2	\$276.37 Single			Age 65 - 69:	\$208.14 Single	Age 65 -69:	\$212.70 Single
						Age 70 -74:	\$217.60 Single
Age 18 - 49:	\$543.57 Couple	Age 18 - 44:	\$409.00 Couple	Age 30 - 44:	\$356.32 Couple		
Age 50 - 54:	\$521.54 Couple	Age 45 - 54:	\$477.00 Couple	Age 45 - 54:	\$411.80 Couple	Age < 45:	\$373.80 Couple
Age 55 - 59:	\$537.93 Couple	Age 55 - 64:	\$523.00 Couple	Age 55 - 59:	\$439.00 Couple	Age 45 - 54:	\$449.80 Couple
Age 60 - 64:	\$554.89 Couple	Age 65 - ++:	\$452.00 Couple	Age 60 - 64:	\$470.84 Couple	Age 55 - 59:	\$462.40 Couple
Age 65 - 69: \$6	\$501.98 Couple			Age 65 - 69:	\$374.66 Couple	Age 60 - 64:	\$486.40 Couple
						Age 65 - 69:	\$408.40 Couple
Age 18 - 49:	\$772.15 Family*	Age 18 - 44:	\$598.00 Family*	Age 30 - 44:	\$557.24 Family*	Age 70 - 74:	\$421.20 Couple
Age 50 - 54:	\$751.02 Family*	Age 45 - 54:	\$697.00 Family*	Age 45 - 54:	\$612.72 Family*		
Age 55 - 59:	\$768.51 Family*	Age 55 - 64:	\$763.00 Family*	Age 55 - 59:	\$639.92 Family*	Age < 45:	\$552.00 Family*
Age 60 - 64:	\$558.89 Couple	Age 65 - ++:	\$643.00 Family*	Age 60 - 64:	\$671.76 Family*	Age 45 - 54:	\$628.00 Family*
						Age 55 - 59:	\$640.60 Family*
			*Family include	s 2 children under age 25			
* Family includes all children under age 25		* Family includes all children	Rates based on Adults in same age band		*Family includes 2 children ages 5 +		
Rates based on Adults in same age band		Rates based on Adults in same age band		Call for Family rates over 65		Rates based on Adults in same age band	
Call for Family rates over 65						**Emergency T	ravel included in rates